



New York State Thruway Authority

OCCUPANCY PERMIT APPLICATION

For Official Use Only

☒ New☐ Amended

Occupancy Permit Number:

3993

Work Permit Number:

APPLICANTS: Please read and complete Sections 1, 2, 4, 5 (print or type) and sign Section 7.
Any missing or incorrect information may cause a delay in the processing of your application.

Section 1

APPLICANT IDENTIFICATION INFORMATION

(Check one):

☐ Individual☒ Business/Corporation☐ Municipality☐ Other (please describe):

Name:

Cablevision Systems Corporation

Federal ID or SS#

13-3327557

Mailing Address:

Street 410 E. ROUTE 59

Suite or Apt. No.

P.O. Box

City/Town/Village NANUET

State N.Y.

10957 Zip Code

Contact Person Name (please print):

Scott Forest

Telephone Number:

(914) 624-3096 ext 13

Fax Number:

(914) 624-3320

Section 2

FACILITY IDENTIFICATION INFORMATION

TYPE OF FACILITY (Check one):

☐ Water Mains☐ Telephone☐ Other: (please describe):☐ Gas Mains☒ Cable Television☐ Sewers☐ Electric _____ Voltage _____

LOCATION OF FACILITY (Check one):

☒ Underground☐ Aerial☐ Surface☐ Bridge Attachment

PURPOSE OF APPLICATION (Please provide brief description and location):

Fiber Optic Cable traveling west across county from Nanuet to
Montebello. AS PER PLANS ACCEPTED AS NOTED BY THRUWAY AUTHORITY

Section 3

FOR THRUWAY USE ONLY

FACILITY LOCATION MILEPOST BOUNDARY

Beginning Milepost Number 22.8[±]L

Only if longitudinal include

Ending Milepost Number _____

FACILITY LOCATION CITY/TOWN/VILLAGE

(use beginning milepost to make determination)

NANUET

FACILITY LOCATION COUNTY

(use beginning milepost to make determination)

Rockwood Co.

FACILITY LOCATION DIVISION (Check one):

(Use beginning milepost number to make determination; see Section 9 for further information)

☒ New York☐ Albany☐ Syracuse☐ Buffalo

Section 4 PLEASE READ THOROUGHLY BEFORE SIGNING

Authority lands are devoted to public use. Permits, therefore, are by sufferance and the duration thereof is at the Authority's discretion, regardless of the length of term granted. All permits are, therefore, revocable unilaterally by the Authority. The permittee will maintain all installations permitted hereunder subject to the risk of relocating or removing them at the permittee's own expense, in accordance with the directions of the Authority.

Section 5 ADDITIONAL INFORMATION

It is absolutely necessary that the permittee notify the appropriate Thruway Authority Division Director at least 24 hours before work is started and upon its completion. Similar notification is required in case of any future replacements or repairs.

If you need quick and accurate identification of New York State permits necessary for a complex business venture, use the State's Master Application Procedure by dialing 1-800-342-3464 and describing your plans to the Governor's Office of Regulatory Reform (GORR).

Write or Call the Thruway Division Checked on the Back of this Application.
If You Have Further Questions About This Permit.

Applicant continue with Section 6

Section 6 FOR THRUWAY USE ONLY

Administrative Fee: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Original \$ <u>750.⁰⁰</u> <input type="checkbox"/> Amended \$ _____	Annual Fee required: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Original \$ _____ <input type="checkbox"/> Amended \$ _____	Performance Bond: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Original \$ _____ <input type="checkbox"/> Amended \$ _____	Security Deposit: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Original \$ _____ <input type="checkbox"/> Amended \$ _____
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APPROVAL (If Applicable):

SIGNATURE OF FEE APPROVAL

PLEASE PRINT NAME

DATE

Subject to Back Charges:

☒ YES ☐ NO

Subject to Liquidated Damages:

☐ YES ☒ NO

Condition Rider attached:

☐ YES ☒ NO

Type of Insurance Furnished:

☒ TA-51333 ☒ Expiration Date 09/01/00

☐ Undertaking, effective date _____

☐ Duplicate policy # _____

Effective date _____

☐ TA-51318 Engineering Agreement

Section 7

APPLICANT AFFIRMATION

Application is hereby made by the undersigned in accordance with the map and/or plan hereto attached, and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any CONDITION RIDER or amendments thereto forming a part hereof. This applicant will obtain any other consents or permits that may be necessary to accomplish the purposes set forth above, as it is understood that in granting a permit, the New York State Thruway Authority merely expresses its assent in so far as it is authorized.

In consideration of the granting of a permit, the undersigned hereby accepts the same subject to the conditions therein described.

Dated this 3 day of APRIL 2000

x *Michael Haney*
SIGNATURE OF APPLICANT

Project Manager
TITLE
(if applicable)

x Michael Haney
PLEASE PRINT NAME

Section 8

FOR THRUWAY USE ONLY

Permission is hereby granted to CABLEVISION SYSTEM CORP (hereinafter referred to as "permittee") to proceed as set forth and represented in the foregoing application and at the particular location described therein in accordance with the map and/or plan thereto attached and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any amendments thereto which are incorporated herein as though fully set forth and to all terms and conditions set forth in any CONDITION RIDER and all terms attached hereto.

Dated 5/15/00 this 15th day of MAY 2000

*5/15/00
OK gatt.*

Ramesh Menma
SIGNATURE

RAMESH MENMA PE
PLEASE PRINT NAME

DIVISION DIRECTOR
TITLE

Section 9

**SUBMIT PERMIT APPLICATIONS TO THE APPROPRIATE
THRUWAY AUTHORITY DIVISION DIRECTOR**

<u>DIVISION</u>	<u>HIGHWAY SECTIONS</u>	<u>DIVISION MILEPOST LIMITS</u>
<input type="checkbox"/> New York	New York (Main Line) • Garden State Parkway Connection • New England Section • I-287 Cross Westchester • I-84	0.00 - 76.50 G.S. 0.00 - G.S. 2.40 N.E. 0.17 - N.E. 15.01 C.W.E. 0.00 - C.W.E. 10.90 0.00 - 71.46
<input type="checkbox"/> Albany	Albany (Main Line) • Berkshire Section	76.50 - 197.90 B 0.00 - B 24.28
<input type="checkbox"/> Syracuse	Syracuse (Main Line)	197.90 - 350.60
<input type="checkbox"/> Buffalo	Buffalo (Main Line) • Niagara Section	350.60 - 496.00 N 0.00 - N 21.50

TELEPHONE NUMBERS AND ADDRESSES

Thruway Division Director
New York Division
333 South Broadway
Tarrytown, NY 10591-5697
Phone: (914) 524-0290
Fax: (914) 332-8509

Thruway Division Director
Albany Division
9W, Interchange No. 23
P.O. Box 189
Albany, NY 12201-0189
Phone: (518) 436-2999
Fax: (518) 436-0233

Thruway Division Director
Syracuse Division
Mailing Address: P.O. Box 308
 East Syracuse, NY 13057-0308
Location: 6712 Brooklawn Parkway
 Syracuse, NY
Phone: (315) 437-2741
Fax: (315) 463-5836

Thruway Division Director
Buffalo Division
3901 Genesee Street
Cheektowaga, NY 14225-0121
Phone: (716) 631-9017
Fax: (716) 626-1328

NOTE: For the Cross Westchester Expressway (I-287), the New York State Department of Transportation shall issue Occupancy Permits and the Thruway Authority shall issue Work Permits.



New York State Thruway Authority

OCCUPANCY
PERMIT APPLICATION

For Official Use Only

☒ New ☐ Amended

Occupancy Permit Number:

4016

Work Permit Number:

4-2000-84

APPLICANTS: Please read and complete Sections 1, 2, 4, 5 (print or type) and sign Section 7.
Any missing or incorrect information may cause a delay in the processing of your application.

Section 1			
APPLICANT IDENTIFICATION INFORMATION			
Check one:			
<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business/Corporation <input type="checkbox"/> Municipality <input type="checkbox"/> Other (please describe): _____			
Name:		Federal ID or SSN	
LEDOOR Communications, Inc.			
Mailing Address:			
Street		Suite or Apt. No.	
300-5930 Kestrel Drive			
City/Town/Village		Zip Code	
Mississauga, Ontario		L4V 1M5	
Country		Canada	
Contact Person Name (please print):		Telephone Number:	
Alex Naravva-Labastie		905 673-0009 ext. 223	
		Fax Number:	
		905 673-7495	

Section 2	
FACILITY IDENTIFICATION INFORMATION	
TYPE OF FACILITY (Check one):	
<input type="checkbox"/> Water Main <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Other (please describe): <u>Fiber Optic Cable</u>	
<input type="checkbox"/> Gas Main <input type="checkbox"/> Cable Television <input type="checkbox"/> Sewer <input type="checkbox"/> Electric _____ Voltage	
LOCATION OF FACILITY (Check one):	
<input checked="" type="checkbox"/> Underground <input type="checkbox"/> Aerial <input type="checkbox"/> Surface <input type="checkbox"/> Bridge Attachment	
PURPOSE OF APPLICATION (Please provide brief description and location):	
Installation of 18 (1-1/4" HDPE, SDR-11) conduits that will be used to carry fiber optic cable along the CSX Railroad. The conduit will be installed below the NYS Thruway which crosses the Railroad property via an overhead bridge near NYSTA N.E. N-3.55.	

Section 3		
FOR THRUWAY USE ONLY		
FACILITY LOCATION MILEPOST BOUNDARY	FACILITY LOCATION CITY/TOWN/VILLAGE (use beginning milepost to make determination)	FACILITY LOCATION COUNTY (use beginning milepost to make determination)
Beginning Milepost Number: <u>42.66</u>	<u>Buffalo</u>	<u>ERIE</u>
Only if longitudinal include Ending Milepost Number: <u>42.72</u>		
FACILITY LOCATION DIVISION (Check one):		
Use beginning milepost number to make determination see Section 5 for further information		
<input type="checkbox"/> New York <input type="checkbox"/> Albany <input type="checkbox"/> Syracuse <input type="checkbox"/> Buffalo		

Section 4: PLEASE READ THOROUGHLY BEFORE SIGNING.

Authority lands are devoted to public use. Permits, therefore, are by ordinance and the duration thereof is at the Authority's discretion, regardless of the length of term granted. All permits are, therefore, revocable unilaterally by the Authority. The permittee will maintain all installations permitted hereunder subject to the risk of releasing or removing them at the permittee's own expense, in accordance with the directions of the Authority.

Section 5: ADDITIONAL INFORMATION:

It is absolutely necessary that the permittee notify the appropriate Thruway Authority Division Director at least 24 hours before work is started and upon its completion. Similar notification is required in case of any future replacements or repairs.

If you need quick and accurate identification of New York State permits necessary for a complete budget variance, use the State's Master Application Procedure by dialing 1-800-342-3464 and describing your plans to the Governor's Office of Regulatory Reform (GORR).

Write or Call the Thruway Division Checked on the Back of this Application.

If You Have Further Questions About This Permit.

Applicant continues with Section 7

Section 6: FOR THRUWAY USE ONLY.

Administrative Files	Annual Fee request	Performance Bond	Security Deposit
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Original: 750.00	Original: 1,000.00	Original: 1,000.00	Original: 1,000.00
<input type="checkbox"/> Amended: 1	<input type="checkbox"/> Amended: 1	<input type="checkbox"/> Amended: 1	<input type="checkbox"/> Amended: 1

APPROVAL IN APPLICATION:

Edward M. Chalk *Edward M. Shunk* 6-6-2000

Signature of Applicant: *Edward M. Shunk* DATE: 6-6-2000

Signature of Authority: *Edward M. Shunk* DATE: 6-6-2000

Signature of Engineer: *Edward M. Shunk* DATE: 6-6-2000

Signature of Inspector: *Edward M. Shunk* DATE: 6-6-2000

Signature of Surveyor: *Edward M. Shunk* DATE: 6-6-2000

Signature of Architect: *Edward M. Shunk* DATE: 6-6-2000

Signature of Planner: *Edward M. Shunk* DATE: 6-6-2000

Signature of Designer: *Edward M. Shunk* DATE: 6-6-2000

Signature of Contractor: *Edward M. Shunk* DATE: 6-6-2000

Signature of Subcontractor: *Edward M. Shunk* DATE: 6-6-2000

Signature of Supplier: *Edward M. Shunk* DATE: 6-6-2000

Signature of Manufacturer: *Edward M. Shunk* DATE: 6-6-2000

Signature of Distributor: *Edward M. Shunk* DATE: 6-6-2000

Signature of Retailer: *Edward M. Shunk* DATE: 6-6-2000

Signature of Wholesaler: *Edward M. Shunk* DATE: 6-6-2000

Signature of Importer: *Edward M. Shunk* DATE: 6-6-2000

Signature of Exporter: *Edward M. Shunk* DATE: 6-6-2000

Signature of Agent: *Edward M. Shunk* DATE: 6-6-2000

Signature of Broker: *Edward M. Shunk* DATE: 6-6-2000

Signature of Dealer: *Edward M. Shunk* DATE: 6-6-2000

Signature of Franchisee: *Edward M. Shunk* DATE: 6-6-2000

Signature of Licensee: *Edward M. Shunk* DATE: 6-6-2000

Signature of Member: *Edward M. Shunk* DATE: 6-6-2000

Signature of Associate: *Edward M. Shunk* DATE: 6-6-2000

Signature of Affiliate: *Edward M. Shunk* DATE: 6-6-2000

Signature of Partner: *Edward M. Shunk* DATE: 6-6-2000

Signature of Joint Venture: *Edward M. Shunk* DATE: 6-6-2000

Signature of Consortium: *Edward M. Shunk* DATE: 6-6-2000

Signature of Alliance: *Edward M. Shunk* DATE: 6-6-2000

Signature of Network: *Edward M. Shunk* DATE: 6-6-2000

Signature of System: *Edward M. Shunk* DATE: 6-6-2000

Signature of Program: *Edward M. Shunk* DATE: 6-6-2000

Signature of Project: *Edward M. Shunk* DATE: 6-6-2000

Signature of Task: *Edward M. Shunk* DATE: 6-6-2000

Signature of Activity: *Edward M. Shunk* DATE: 6-6-2000

Signature of Operation: *Edward M. Shunk* DATE: 6-6-2000

Signature of Process: *Edward M. Shunk* DATE: 6-6-2000

Signature of Method: *Edward M. Shunk* DATE: 6-6-2000

Signature of Technique: *Edward M. Shunk* DATE: 6-6-2000

Signature of Approach: *Edward M. Shunk* DATE: 6-6-2000

Signature of Strategy: *Edward M. Shunk* DATE: 6-6-2000

Signature of Policy: *Edward M. Shunk* DATE: 6-6-2000

Signature of Plan: *Edward M. Shunk* DATE: 6-6-2000

Signature of Program: *Edward M. Shunk* DATE: 6-6-2000

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Signature of Approach: *Edward M. Shunk* DATE: 6-6-2000

Signature of Strategy: *Edward M. Shunk* DATE: 6-6-2000

Signature of Policy: *Edward M. Shunk* DATE: 6-6-2000

Signature of Plan: *Edward M. Shunk* DATE: 6-6-2000


Section 7

APPLICANT AFFIRMATION

Application is hereby made by the undersigned in accordance with the map and/or plan herein attached, and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any CONDITION RIDER or amendments thereto forming a part hereof. This applicant will obtain any other consents or permits that may be necessary to accomplish the purposes set forth above, as it is understood that in granting a permit, the New York State Thruway Authority merely expresses its assent in so far as it is authorized.

In consideration of the granting of a permit, the undersigned hereby accepts the same subject to the conditions therein described.

Dated this 22nd day of DECEMBER 19 99.

X 
Signature of Applicant

Project Engineer

TITLE
 (if applicable)

X Alex Maravito-Libantia

PLEASE PRINT NAME

Section 8

FOR THRUWAY USE ONLY

Permission is hereby granted to Leclair Communications, Inc. (hereinafter referred to as "permittee") to proceed as set forth and represented in the foregoing application and at the particular location described therein in accordance with the map and/or plan thereto attached and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any amendments thereto which are incorporated herein as though fully set forth and to all terms and conditions set forth in any CONDITION RIDER and all terms attached hereto.

Dated at Buffalo, NY this 6th day of June 19 2000


SIGNATURE

Edward M. Slowinski

PLEASE PRINT NAME

Thruway Commercial Representative

TITLE

NYSTR TARRYTOWN

Fax: 914 332 8509

Sep 15 2000 11:13 P. 01

TA-1337 (2/98) 1 of 4



New York State Thruway Authority

OCCUPANCY
PERMIT APPLICATION

For Official Use Only

☒ New ☐ Amended

Occupancy Permit Number: **4101**

Work Permit Number: _____

APPLICANTS: Please read and complete Sections 1, 2, 4, 5 (print or type) and sign Section 3. Any missing or incorrect information may cause a delay in the processing of your application.

Section 1: APPLICANT IDENTIFICATION INFORMATION

(Check one):

☐ Individual ☒ Business/Corporation ☐ Municipality ☐ Other (please describe): _____

Name: **HUDSON VALLEY DATANET** Federal ID or SS#: **41-1946422**

Mailing Address: **263 ROUTE 17K** **2003** P.O. Box _____

Street: _____ Suite or Apt. No. _____

NEWBURGH **N.Y.** **10950**

City/Town/Village State Zip Code

Contact Person Name (please print): **LAWRENCE J. MANORAS** Telephone Number: **845-567-6367 ext. 105** Fax Number: **845-567-6377**

Section 2: FACILITY IDENTIFICATION INFORMATION

TYPE OF FACILITY (Check one):

☐ Water Mains ☐ Telephone ☒ Other (please describe): **FIBER OPTICS**

☐ Gas Mains ☐ Cable Television

☐ Sewers ☐ Electric Voltage _____

LOCATION OF FACILITY (Check one):

☒ Underground ☐ Aerial

☐ Surface ☐ Bridge Attachment

PURPOSE OF APPLICATION (Please provide brief description and location):

UP 49.78 +/- - Rto 32 TOWN OF WOODBURY

BURY (4) 1 1/4" +/- DUCTS UNDER THE N.Y. STATE PARKWAY

CROSSING Rto. 32.

Section 3: FOR THRUWAY USE ONLY

FACILITY LOCATION MILEPOST BOUNDARY	FACILITY LOCATION CITY/TOWN/VILLAGE	FACILITY LOCATION COUNTY
Beginning Milepost Number: 49.78	(Use beginning milepost to make determination)	(Use beginning milepost to make determination)
Only if longitudinal includes Ending Milepost Number: _____	WOODBURY	ORANGE
FACILITY LOCATION DIVISION (Check one):		
(Use beginning milepost number to make determination; see Section 9 for further information)		
<input checked="" type="checkbox"/> New York <input type="checkbox"/> Albany <input type="checkbox"/> Syracuse <input type="checkbox"/> Buffalo		

Section 7

APPLICANT AFFIRMATION

Application is hereby made by the undersigned in accordance with the map and/or plan hereto attached, and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any CONDITION RIDER or amendments thereto forming a part hereof. This applicant will obtain any other consents or permits that may be necessary to accomplish the purposes set forth above, as it is understood that in granting a permit, the New York State Thruway Authority merely expresses its assent in so far as it is authorized.

In consideration of the granting of a permit, the undersigned hereby accepts the same subject to the conditions therein described.

Dated this 8th day of SEPTEMBER 192000

X 
SIGNATURE OF APPLICANT

DIRECTOR/CONSTRUCTION
TITLE
(if applicable)

X LAWRENCE J. MANORAS
PLEASE PRINT NAME


Section 8

FOR THRUWAY USE ONLY

Permission is hereby granted to HUDSON VALLEY DRAUGHT (hereinafter referred to as "permittee") to proceed as set forth and represented in the foregoing application and at the particular location described therein in accordance with the map and/or plan thereto attached and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any amendments thereto which are incorporated herein as though fully set forth and to all terms and conditions set forth in any CONDITION RIDER and all terms attached hereto.

Dated this 29th day of SEPTEMBER 192000

OK gdt
9/29/00



SIGNATURE

AMESH MENTA, PE
PLEASE PRINT NAME

DIVISION DIRECTOR
TITLE

Section 4

PLEASE READ THOROUGHLY BEFORE SIGNING

Authority lands are devoted to public use. Permits, therefore, are by sufferance and the duration thereof is at the Authority's discretion, regardless of the length of term granted. All permits are, therefore, revocable unilaterally by the Authority. The permittee will maintain all installations permitted hereunder subject to the risk of relocating or removing them at the permittee's own expense, in accordance with the directions of the Authority.

Section 5

ADDITIONAL INFORMATION

It is absolutely necessary that the permittee notify the appropriate Thruway Authority Division Director at least 24 hours before work is started and upon its completion. Similar notification is required in case of any future replacements or repairs.

If you need quick and accurate identification of New York State permits necessary for a complex business venture, use the State's Master Application Procedure by dialing 1-800-342-3464 and describing your plans to the Governor's Office of Regulatory Reform (GORR).

Write or Call the Thruway Division Checked on the Back of this Application.
If You Have Further Questions About This Permit.

Applicant continue with Section 6

Section 6

FOR THRUWAY USE ONLY

Administrative Fee: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Original \$ <u>750.00</u> <input type="checkbox"/> Amended \$ _____	Annual Fee required: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Original \$ _____ <input type="checkbox"/> Amended \$ _____	Performance Bond: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Original \$ _____ <input type="checkbox"/> Amended \$ _____	Security Deposit: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Original \$ _____ <input type="checkbox"/> Amended \$ _____
APPROVAL (If Applicable): 			
SIGNATURE OF FEE APPROVAL _____		PLEASE PRINT NAME _____	
Subject to Back Charges: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Condition Rider attached: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Subject to Liquidated Damages: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Type of Insurance Furnished: <input checked="" type="checkbox"/> TA-51333 <input type="checkbox"/> Expiration Date <u>ON FILE CP 3997</u> <input type="checkbox"/> Undertaking, effective date _____ <input type="checkbox"/> Duplicate policy # _____ Effective date _____ <input type="checkbox"/> TA-51318 Engineering Agreement	



New York State Thruway Authority

OCCUPANCY PERMIT APPLICATION

For Official Use Only

☒ New
 ☐ Amended

Occupancy Permit Number:

4110

Work Permit Number:

APPLICANTS: Please read and complete Sections 1, 2, 4, 5 (print or type) and sign Section 7.
Any missing or incorrect information may cause a delay in the processing of your application.

Section 1 APPLICANT IDENTIFICATION INFORMATION

(Check one):

☐ Individual
 ☒ Business/Corporation
 ☐ Municipality
 ☐ Other (please describe): _____

Name:

FRONTIER COMM OF NEW YORK

Federal ID or SS#

16-1194420

Mailing Address: 145 NORTH MAIN ST.

Street

Suite or Apt. No.

P.O. Box

MONROE

NEW YORK

10950

City/Town/Village

State

Zip Code

Contact Person Name (please print):

WILLIAM BROWNE

Telephone Number:

1845 1782-2707 ext _____

Fax Number:

1845 1782-9994

Section 2 FACILITY IDENTIFICATION INFORMATION

TYPE OF FACILITY (Check one):

☐ Water Mains
 ☐ Telephone
 ☒ Other: (please describe): Fiber Optic
☐ Gas Mains
 ☐ Cable Television
☐ Sewers
 ☐ Electric _____ Voltage _____

LOCATION OF FACILITY (Check one):

☒ Underground
 ☐ Aerial
☐ Surface
 ☐ Bridge Attachment

PURPOSE OF APPLICATION (Please provide brief description and location):

UNDERGROUND FIBER OPTIC LINE ADJACENT TO
ROUTE 52 BELOW NYS THRUWAY. FUTURE
RELOCATION, IF NECESSARY, DONE BY FRONTIER
COMMUNICATION (INCLUDES COST)

Section 3 FOR THRUWAY USE ONLY

FACILITY LOCATION MILEPOST BOUNDARY

Beginning Milepost Number 61.64

 Only if longitudinal include
Ending Milepost Number _____
FACILITY LOCATION CITY/TOWN/VILLAGE
(use beginning milepost to make determination)

NEWBURGH

FACILITY LOCATION COUNTY

(use beginning milepost to make determination)

ORANGE

FACILITY LOCATION DIVISION (Check one):

(Use beginning milepost number to make determination; see Section 9 for further information)

☒ New York
 ☐ Albany
 ☐ Syracuse
 ☐ Buffalo

Section 5 ADDITIONAL INFORMATION

Section 6 FOR THRUWAY USE ONLY

35

Section 7

APPLICANT AFFIRMATION

Application is hereby made by the undersigned in accordance with the map and/or plan hereto attached, and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any CONDITION RIDER or amendments thereto forming a part hereof. This applicant will obtain any other consents or permits that may be necessary to accomplish the purposes set forth above, as it is understood that in granting a permit, the New York State Thruway Authority merely expresses its assent in so far as it is authorized.

In consideration of the granting of a permit, the undersigned hereby accepts the same subject to the conditions therein described.

Dated this 25th day of Oct 2000
49

x *J. Memmelagr*
SIGNATURE OF APPLICANT

Operations Director
TITLE
(if applicable)

x *Jo Memmelagr*
PLEASE PRINT NAME

Section 8

FOR THRUWAY USE ONLY

Permission is hereby granted to Frontier Comm of NY (hereinafter referred to as "permittee") to proceed as set forth and represented in the foregoing application and at the particular location described therein in accordance with the map and/or plan thereto attached and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any amendments thereto which are incorporated herein as though fully set forth and to all terms and conditions set forth in any CONDITION RIDER and all terms attached hereto.

Dated this 6th day of DECEMBER 2000

OK *gsk*
12/6/00

x *[Signature]*
SIGNATURE

RAMESH MENTA, PE
PLEASE PRINT NAME

DIVISION DIRECTOR
TITLE



New York State Thruway Authority

OCCUPANCY
PERMIT APPLICATION

For Official Use Only

☒ New ☐ Amended

Occupancy Permit Number:

4115

Work Permit Number:

APPLICANTS: Please read and complete Sections 1, 2, 4, 5 (print or type) and sign Section 7.
Any missing or incorrect information may cause a delay in the processing of your application.

Section 1: APPLICANT IDENTIFICATION INFORMATION

(Check one):

☐ Individual ☒ Business/Corporation ☐ Municipality ☐ Other (please describe):

Name:

HUDSON VALLEY DATANET

Federal ID or SSN

41-1946422

Mailing Address:

Street 100 CORRETT ROAD

Suite or Apt. No.

P.O. Box

City/Town/Village MONTGOMERY

State NY

12549
Zip Code

Contact Person Name (please print):

L. S. MANDRAS

Telephone Number:

18451567-6367

EXT

Fax Number:

1

Section 2: FACILITY IDENTIFICATION INFORMATION

TYPE OF FACILITY (Check one):

☐ Water Mains ☐ Telephone ☒ Other: (please describe):
☐ Gas Mains ☐ Cable Television FIBER OPTIC
☐ Sewers ☐ Electric _____ Voltage.

LOCATION OF FACILITY (Check one):

☒ Underground ☐ Aerial
☐ Surface ☐ Bridge Attachment

PURPOSE OF APPLICATION (Please provide brief description and location):

PLACEMENT OF UNDERGROUND FIBER OPTIC IN THE SHOULDER OF
STATE ROUTE 44/55 AT THE NYS THRUWAY OVERPASS IN THE
TOWN OF PLATTEKILL. AS PER PLAN BY BEYER & ASSOCIATES.
ANY RELOCATION COST IN FUTURE BY PERMITTEE.

Section 3: FOR THRUWAY USE ONLY

FACILITY LOCATION MILEPOST BOUNDARY

Beginning Milepost Number 71.61

Only if longitudinal include
Ending Milepost Number

FACILITY LOCATION CITY/TOWN/VILLAGE

(use beginning milepost to make determination)

PLATTEKILL

FACILITY LOCATION COUNTY

(use beginning milepost to make determination)

ULSTER

FACILITY LOCATION DIVISION (Check one):

(Use beginning milepost number to make determination; see Section 9 for further information)

☒ New York ☐ Albany ☐ Syracuse ☐ Buffalo

Section 4 PLEASE READ THOROUGHLY BEFORE SIGNING

Authority lands are devoted to public use. Permits, therefore, are by sufferance and the duration thereof is at the Authority's discretion, regardless of the length of term granted. All permits are, therefore, revocable unilaterally by the Authority. The permittee will maintain all installations permitted hereunder subject to the risk of relocating or removing them at the permittee's own expense, in accordance with the directions of the Authority.

Section 5 ADDITIONAL INFORMATION

It is absolutely necessary that the permittee notify the appropriate Thruway Authority Division Director at least 24 hours before work is started and upon its completion. Similar notification is required in case of any future replacements or repairs.

If you need quick and accurate identification of New York State permits necessary for a complex business venture, use the State's Master Application Procedure by dialing 1-800-342-3464 and describing your plans to the Governor's Office of Regulatory Reform (GORR).

Write or Call the Thruway Division Checked on the Back of this Application.
If You Have Further Questions About This Permit.

Applicant continue with Section 6

Section 6 FORTHUWAY USE ONLY

Administrative Fee: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Original \$ <u>750.00</u> <input type="checkbox"/> Amended \$ _____	Annual Fee required: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Original \$ _____ <input type="checkbox"/> Amended \$ _____	Performance Bond: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Original \$ _____ <input type="checkbox"/> Amended \$ _____	Security Deposit: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Original \$ _____ <input type="checkbox"/> Amended \$ _____
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APPROVAL (If Applicable):

SIGNATURE OF FEE APPROVAL		PLEASE PRINT NAME		DATE
Subject to Back Charges: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Condition Rider attached: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Subject to Liquidated Damages: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Type of Insurance Furnished: <input checked="" type="checkbox"/> TA-51333 <input checked="" type="checkbox"/> Expiration Date <u>08/20/01</u> <input type="checkbox"/> Undertaking, effective date _____ <input type="checkbox"/> Duplicate policy # _____ Effective date _____ <input type="checkbox"/> TA-51318 Engineering Agreement		

Section 7

APPLICANT AFFIRMATION

Application is hereby made by the undersigned in accordance with the map and/or plan hereto attached, and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any CONDITION RIDER or amendments thereto forming a part hereof. This applicant will obtain any other consents or permits that may be necessary to accomplish the purposes set forth above, as it is understood that in granting a permit, the New York State Thruway Authority merely expresses its assent in so far as it is authorized.

In consideration of the granting of a permit, the undersigned hereby accepts the same subject to the conditions therein described.

Dated this 30TH day of NOVEMBER 192000

X [Signature]
SIGNATURE OF APPLICANT

DIRECTOR / CONSTRUCTION
TITLE
(if applicable)

X L. S. MANDRAS
PLEASE PRINT NAME

Section 8

FOR THRUWAY USE ONLY

Permission is hereby granted to HUDSON VALLEY DAM NET (hereinafter referred to as "permittee") to proceed as set forth and represented in the foregoing application and at the particular location described therein in accordance with the map and/or plan thereto attached and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any amendments thereto which are incorporated herein as though fully set forth and to all terms and conditions set forth in any CONDITION RIDER and all terms attached hereto.

Dated this 22ND day of DECEMBER 2000.

OK gmt
12/22/00


[Signature]

SIGNATURE

RAMESH MEHTA, PE
PLEASE PRINT NAME

DIVISION DIRECTOR
TITLE

TA-41337 (2/88) 1 of 4

 <p style="text-align: center;">New York State Thruway Authority</p> <p style="text-align: center;">OCCUPANCY PERMIT APPLICATION</p>	<input checked="" type="checkbox"/> New <input type="checkbox"/> Amended
	Occupancy Permit Number: 4120
	Work Permit Number:

APPLICANTS: Please read and complete Sections 1, 2, 4, 5 (print or type) and sign Section 7.
Any missing or incorrect information may cause a delay in the processing of your application.

Section 1: APPLICANT IDENTIFICATION INFORMATION			
(Check one): <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business/Corporation <input type="checkbox"/> Municipality <input type="checkbox"/> Other (please describe): _____			
Name: Cablevision of Wappingers		Federal ID or SS#: 113-20324810	
Mailing Address:			
Street 38 Route 9		Suite or Apt. No.	P.O. Box
City/Town/Village Fishkill		State NY	Zip Code 12524
Contact Person Name (please print): Mike Azzone	Telephone Number: (914) 447-6557 ext.	Fax Number: 1845-896-2232	

Section 2: FACILITY IDENTIFICATION INFORMATION			
TYPE OF FACILITY (Check one): <input type="checkbox"/> Water Mains <input type="checkbox"/> Telephone <input type="checkbox"/> Other: (please describe): _____ <input type="checkbox"/> Gas Mains <input checked="" type="checkbox"/> Cable Television <input type="checkbox"/> Sewers <input type="checkbox"/> Electric: _____ Voltage _____		LOCATION OF FACILITY (Check one): <input checked="" type="checkbox"/> Underground <input type="checkbox"/> Aerial <input type="checkbox"/> Surface <input type="checkbox"/> Bridge Attachment	
PURPOSE OF APPLICATION (Please provide brief description and location): To place fiber cables along Red School House Rd. under '84 bridge. (underground).			

Section 3: FACILITY LOCATION INFORMATION		
FACILITY LOCATION MILEPOST BOUNDARY Beginning Milepost Number IB4 43.4 Only if longitudinal include Ending Milepost Number _____	FACILITY LOCATION CITY/TOWN/VILLAGE (Use beginning milepost to make determination) FISHKILL	FACILITY LOCATION COUNTY (Use beginning milepost to make determination) OUTCROSS
FACILITY LOCATION DIVISION (Check one): (Use beginning milepost number to make determination; see Section 9 for further information) <input checked="" type="checkbox"/> New York <input type="checkbox"/> Albany <input type="checkbox"/> Syracuse <input type="checkbox"/> Buffalo		

TA-41337 (2/96) 2 of 4

Section 4 PLEASE READ THOROUGHLY BEFORE SIGNING

Authority lands are devoted to public use. Permits, therefore, are by sufferance and the duration thereof is at the Authority's discretion, regardless of the length of term granted. All permits are, therefore, revocable unilaterally by the Authority. The permittee will maintain all installations permitted hereunder subject to the risk of relocating or removing them at the permittee's own expense, in accordance with the directions of the Authority.

Section 5 ADDITIONAL INFORMATION

It is absolutely necessary that the permittee notify the appropriate Thruway Authority Division Director at least 24 hours before work is started and upon its completion. Similar notification is required in case of any future replacements or repairs.

If you need quick and accurate identification of New York State permits necessary for a complex business venture, use the State's Master Application Procedure by dialing 1-800-342-3464 and describing your plans to the Governor's Office of Regulatory Reform (GORR).

Write or Call the Thruway Division Checked on the Back of this Application.
If You Have Further Questions About This Permit.

Applicant continue with Section 6

Section 6 FOR THRUWAY USE ONLY

Administrative Fee: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Original \$ <u>750.00</u> <input type="checkbox"/> Amended \$ _____	Annual Fee required: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Original \$ _____ <input type="checkbox"/> Amended \$ _____	Performance Bond: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Original \$ _____ <input type="checkbox"/> Amended \$ _____	Security Deposit: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Original \$ _____ <input type="checkbox"/> Amended \$ _____
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APPROVAL (If Applicable):

SIGNATURE OF FEE APPROVAL _____		PLEASE PRINT NAME _____		DATE _____
Subject to Back Charges: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Subject to Liquidated Damages: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Type of Insurance Furnished: <input checked="" type="checkbox"/> TA-51333 <input checked="" type="checkbox"/> Expiration Date <u>9/1/01</u> <input type="checkbox"/> Undertaking, effective date _____ <input type="checkbox"/> Duplicate policy # _____ Effective date _____ <input type="checkbox"/> TA-51318 Engineering Agreement		
Condition Rider attached: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

TA-41337 (2/98) 3 of 4

Application is hereby made by the undersigned in accordance with the map and/or plan hereto attached, and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any CONDITION RIDER or amendments thereto forming a part hereof. This applicant will obtain any other consents or permits that may be necessary to accomplish the purposes set forth above, as it is understood that in granting a permit, the New York State Thruway Authority merely expresses its assent in so far as it is authorized.

In consideration of the granting of a permit, the undersigned hereby accepts the same subject to the conditions therein described.

Dated this 2ND day of APRIL 20 19 01

x Michael G. G...
SIGNATURE OF APPLICANT

Supervisor
TITLE
(If applicable)

x MICHAEL ARNONE
PLEASE PRINT NAME

Permission is hereby granted to CABLEVISION OF WESTCHESTER (hereinafter referred to as "permittee") to proceed as set forth and represented in the foregoing application and at the particular location described therein in accordance with the map and/or plan thereto attached and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any amendments thereto which are incorporated herein as though fully set forth and to all terms and conditions set forth in any CONDITION RIDER and all terms attached hereto.

Dated this 9TH day of APRIL 2001

OK gda
4/9/01

[Signature]
SIGNATURE

RAMESH MENA, PE
PLEASE PRINT NAME

DIVISION DIRECTOR
TITLE



New York State Thruway Authority

OCCUPANCY PERMIT APPLICATION

For Official Use Only

☒ New ☐ Amended

Occupancy Permit Number:

4121

Work Permit Number:

APPLICANTS: Please read and complete Sections 1, 2, 4, 5 (print or type) and sign Section 7.
Any missing or incorrect information may cause a delay in the processing of your application.

Section 1: APPLICANT IDENTIFICATION INFORMATION

(Check one):

☐ Individual ☒ Business/Corporation ☐ Municipality ☐ Other (please describe): _____

Name:

Time Warner Cable

Federal ID or SS#

59-1353813

Mailing Address:

Street

Industrial Drive

Suite or Apt. No.

P.O. Box 887

City/Town/Village

Midtown

State

NY

10941

Zip Code

Contact Person Name (please print):

John Perna

Telephone Number:

(94) 592-3857 ext _____

Fax Number:

() _____

Section 2: FACILITY IDENTIFICATION INFORMATION

TYPE OF FACILITY (Check one):

☐ Water Mains ☐ Telephone ☐ Other: (please describe): _____
☐ Gas Mains ☒ Cable Television _____
☐ Sewers ☐ Electric _____ Voltage _____

LOCATION OF FACILITY (Check one):

☒ Underground ☐ Aerial
☐ Surface ☐ Bridge Attachment

PURPOSE OF APPLICATION (Please provide brief description and location):

Highway Bore For The Underground Placement of Four
optic Cables Under Route 84, near of Rt. 49.
(See Attached map) WAWAYANOA AVE

Section 3: FOR THRUWAY USE ONLY

FACILITY LOCATION MILEPOST BOUNDARY

Beginning Milepost Number 184-12.73

Only if longitudinal include
Ending Milepost Number _____

FACILITY LOCATION CITY/TOWN/VILLAGE

(Use beginning milepost to make determination)

WAWAYANOA

FACILITY LOCATION COUNTY

(Use beginning milepost to make determination)

ORANGE

FACILITY LOCATION DIVISION (Check one):

(Use beginning milepost number to make determination; see Section 9 for further information)

☒ New York

Section 7

APPLICANT AFFIRMATION

Application is hereby made by the undersigned in accordance with the map and/or plan hereto attached, and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any CONDITION RIDER or amendments thereto forming a part hereof. This application will obtain any other consents or permits that may be necessary to accomplish the purposes set forth above as it is understood that in granting a permit, the New York State Thruway Authority merely expresses its assent in so far as it is authorized.

In consideration of the granting of a permit, the undersigned hereby accepts the same subject to the conditions therein described.

Dated this 18th day of April 2001

X


SIGNATURE OF APPLICANT
CONTRER
PLEASE PRINT NAME

Project Coordinator
TITLE
(If applicable)

X

Section 8

FOR THRUWAY USE ONLY

Permission is hereby granted to TIME WARNER CABLE (hereinafter referred to as "permittee") to proceed as set forth and represented in the foregoing application at the particular location described therein in accordance with the map and/or plan thereto attached and to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION (TAP-401) and any amendments thereto which are incorporated herein as though fully set forth terms and conditions set forth in any CONDITION RIDER and all terms attached hereto.

Dated this 30th day of April 2001

OK gsk
4/30/01


SIGNATURE

RAMESH MENTA, PE
PLEASE PRINT NAME

DIVISION DIRECTOR
TITLE


Section 7

APPLICANT AFFIRMATION

Application is hereby made by the undersigned in accordance with the map and/or plan hereto attached, and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any CONDITION RIDER or amendments thereto forming a part hereof. This applicant will obtain any other consents or permits that may be necessary to accomplish the purposes set forth above, as it is understood that in granting a permit, the New York State Thruway Authority merely expresses its assent in so far as it is authorized.

In consideration of the granting of a permit, the undersigned hereby accepts the same subject to the conditions therein described.

Dated this 18th day of April 2001.

X  SIGNATURE OF APPLICANT
 X ON 1/22/01 PLEASE PRINT NAME
Project Coordinator TITLE
 (if applicable)


Section 8

FOR THRUWAY USE ONLY

Permission is hereby granted to TIME WARNER CABLE (hereinafter referred to as "permittee") to proceed as set forth and represented in the foregoing application and at the particular location described therein in accordance with the map and/or plan thereto attached and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any amendments thereto which are incorporated herein as though fully set forth and to all terms and conditions set forth in any CONDITION RIDER and all terms attached hereto.

Dated this 30th day of April 2001.

OK gmt
4/30/01

 SIGNATURE
RAMESH MENTA, PE PLEASE PRINT NAME
DIVISION DIRECTOR TITLE



New York State Thruway Authority

OCCUPANCY PERMIT APPLICATION

For Official Use Only

☒ New ☐ Amended

Occupancy Permit Number:

4122

Work Permit Number:

APPLICANTS: Please read and complete Sections 1, 2, 4, 5 (print or type) and sign Section 7.
Any missing or incorrect information may cause a delay in the processing of your application.

Section 1 APPLICANT IDENTIFICATION INFORMATION

(Check one):

☐ Individual ☒ Business/Corporation ☐ Municipality ☐ Other (please describe): _____

Name:

Time Warner Cable

Federal ID or SS#

59-1353813

Mailing Address:

Street Industrial Drive

Suite or Apt. No.

P.O. Box 887

City/Town/Village Middletown

State NY

10941 Zip Code

Contact Person Name (please print):

Jon Kera

Telephone Number:

194 1542-3857 ext. _____

Fax Number:

()

Section 2 FACILITY IDENTIFICATION INFORMATION

TYPE OF FACILITY (Check one):

☐ Water Mains ☐ Telephone ☐ Other: (please describe): _____
☐ Gas Mains ☒ Cable Television _____
☐ Sewers ☐ Electric _____ Voltage _____

LOCATION OF FACILITY (Check one):

☒ Underground ☐ Aerial
☐ Surface ☐ Bridge Attachment

PURPOSE OF APPLICATION (Please provide brief description and location):

Highway Bore For The Underground Placement of Fiber
optic Cables Under Route 84, Along Rt 83.
(See Attached map)

Section 3 FOR THRUWAY USE ONLY

FACILITY LOCATION MILEPOST BOUNDARY

Beginning Milepost Number 184-2083

Only if longitudinal include
Ending Milepost Number _____FACILITY LOCATION CITY/TOWN/VILLAGE
(use beginning milepost to make determination)

WALLKILL

FACILITY LOCATION COUNTY
(use beginning milepost to make determination)

ORANGE

FACILITY LOCATION DIVISION (Check one):

(Use beginning milepost number to make determination; see Section 9 for further information)

☒ New York ☐ Albany ☐ Syracuse ☐ Buffalo

Section 4

PLEASE READ THOROUGHLY BEFORE SIGNING

Authority lands are devoted to public use. Permits, therefore, are by sufferance and the duration thereof is at the Authority's discretion, regardless of the length of term granted. All permits are, therefore, revocable unilaterally by the Authority. The permittee will maintain all installations permitted hereunder subject to the risk of relocating or removing them at the permittee's own expense, in accordance with the directions of the Authority.

Section 5

ADDITIONAL INFORMATION

It is absolutely necessary that the permittee notify the appropriate Thruway Authority Division Director at least 24 hours before work is started and upon its completion. Similar notification is required in case of any future replacements or repairs.

If you need quick and accurate identification of New York State permits necessary for a complex business venture, use the State's Master Application Procedure by dialing 1-800-342-3464 and describing your plans to the Governor's Office of Regulatory Reform (GORR).

Write or Call the Thruway Division Checked on the Back of this Application.
If You Have Further Questions About This Permit.

Applicant continue with Section 6

Section 6

FOR THRUWAY USE ONLY

Administrative Fee:	Annual Fee required:	Performance Bond:	Security Deposit:
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input checked="" type="checkbox"/> Original \$ <u>750.00</u>	<input type="checkbox"/> Original \$ _____	<input type="checkbox"/> Original \$ _____	<input type="checkbox"/> Original \$ _____
<input type="checkbox"/> Amended \$ _____	<input type="checkbox"/> Amended \$ _____	<input type="checkbox"/> Amended \$ _____	<input type="checkbox"/> Amended \$ _____

APPROVAL (If Applicable):

SIGNATURE OF FEE APPROVAL		PLEASE PRINT NAME		DATE
Subject to Back Charges:	Subject to Liquidated Damages:	Type of Insurance Furnished:		<u>ON FILE 093000</u>
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> TA-51333 <input type="checkbox"/> Expiration Date _____		
Condition Rider attached:		<input type="checkbox"/> Undertaking, effective date _____		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> Duplicate policy # _____		
		Effective date _____		
		<input type="checkbox"/> TA-51318 Engineering Agreement		

Section 7

APPLICANT AFFIRMATION

Application is hereby made by the undersigned in accordance with the map and/or plan hereto attached, and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any CONDITION RIDER or amendments thereto forming a part hereof. This applicant will obtain any other consents or permits that may be necessary to accomplish the purposes set forth above, as it is understood that in granting a permit, the New York State Thruway Authority merely expresses its assent in so far as it is authorized.

In consideration of the granting of a permit, the undersigned hereby accepts the same subject to the conditions therein described.

Dated this 18th day of April 2001.

X 
SIGNATURE OF APPLICANT
X Don Ferra
PLEASE PRINT NAME

Project Coordinator
TITLE
(if applicable)

Section 8

FOR THRUWAY USE ONLY

Permission is hereby granted to TIME WARNER CABLE (hereinafter referred to as "permittee") to proceed as set forth and represented in the foregoing application and at the particular location described therein in accordance with the map and/or plan thereto attached and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any amendments thereto which are incorporated herein as though fully set forth and to all terms and conditions set forth in any CONDITION RIDER and all terms attached hereto.

Dated this 30th day of April 2001.

OK JQH
4/30/01


SIGNATURE

RAMESH MEHTA, PE
PLEASE PRINT NAME

DIVISION DIRECTOR
TITLE